

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) JOHN		2. MIDDLE JEROME		3. LAST (FAMILY) REIDER	
4. DATE OF BIRTH MM/DD/CCYY 12/16/1923		5. AGE YRS. 70		6. SEX MALE	
7. DATE OF DEATH MM/DD/CCYY 06/15/1994		8. HOUR 1248			
9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. 558-20-7932		11. MILITARY SERVICE 19 42 TO 19 50 <input type="checkbox"/> NONE	
12. MARITAL STATUS DIVORCED		13. EDUCATION—YEARS COMPLETED 14			
14. RACE CAUC		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SWIFT AND COMPANY	
17. OCCUPATION DISTRICT SALES MANAGER		18. KIND OF BUSINESS MEAT PACKERS—GROCERY DIVISION		19. YEARS IN OCCUPATION 22	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 2625 E. 4th ST.					
21. CITY LONG BEACH		22. COUNTY LOS ANGELES		23. ZIP CODE 90814	
24. YRS IN COUNTY 69		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP DIANE BONOMI, DAUGHTER			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 6592 KIRKLUND CIR, HUNTINGTON BEACH, CA 92648		
28. NAME OF SURVIVING SPOUSE—FIRST -		29. MIDDLE -		30. LAST (MAIDEN NAME) -	
31. NAME OF FATHER—FIRST JOHN		32. MIDDLE JEROME		33. LAST REIDER	
34. BIRTH STATE NY		35. NAME OF MOTHER—FIRST IRENE		36. MIDDLE <i>Elyabeth</i> CARROLL	
37. LAST (MAIDEN) CARROLL		38. BIRTH STATE CO			
39. DATE MM/DD/CCYY 06/20/1994		40. PLACE OF FINAL DISPOSITION RIVERSIDE NATIONAL CEM., 22495 VAN BUREN BLVD., RIVERSIDE, CA			
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR NEPTUNE SOCIETY		45. LICENSE NO. FD-1289		46. SIGNATURE OF LOCAL REGISTRAR <i>Robert C. Mabe</i>	
				47. DATE MM/DD/CCYY 06/17/1994	
101. PLACE OF DEATH CHARTER COMM. HOSP.		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER	
104. COUNTY LOS ANGELES		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 21530 S. PIONEER BLVD.		106. CITY HAWAIIAN GARDENS	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
IMMEDIATE CAUSE (A) RESPIRATORY ARREST		MINS		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) ANOXIC ENCEPHALOPATHY		DAYS		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) CARDIAC ARRHYTHMIA		DAYS		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D) CORONARY ARTERY DISEASE		YRS			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 DIABETES MELLITUS					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NONE					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY 06/14/1994 DECEDENT LAST SEEN ALIVE MM/DD/CCYY 06/15/1994		115. SIGNATURE AND TITLE OF CERTIFIER <i>Peter Leidl, MD</i>		116. LICENSE NO. A 41675	
		117. DATE MM/DD/CCYY 06/16/1994		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP PETER LEIDL, MD, 628 ALAMITOS AVE., LONG BEACH, CA 90802	
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY	
		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER 10F			127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
STATE REGISTRAR		A		B	
		C		D	
		E		F	
		G		H	
		FAX AUTH. #		CENSUS TRACT	